

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		9/14/00
O.I.P.E. CLASSIFIER		71428	9-19-00
FORMALITY REVIEW			10/25/00
RESPONSE FORMALITY REVIEW			11/20/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/14/00
2	✓	✓	9/14/00
3	✓	✓	9/14/00
4	0	✓	9/14/00
5	0	✓	9/14/00
6	✓	✓	9/14/00
7	✓	✓	9/14/00
8	✓	✓	9/14/00
9	0	✓	9/14/00
10	0	✓	9/14/00
11	0	✓	9/14/00
12	0	✓	9/14/00
13	0	✓	9/14/00
14	0	✓	9/14/00
15	0	✓	9/14/00
16	0	✓	9/14/00
17	0	✓	9/14/00
18	0	✓	9/14/00
19	0	✓	9/14/00
20	✓	✓	9/14/00
21	✓	✓	9/14/00
22	0	✓	9/14/00
23	0	✓	9/14/00
24	0	✓	9/14/00
25	0	✓	9/14/00
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48	0	✓	9/14/00
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Claim	Final	Original	Date
51	✓	✓	9/14/00
52	✓	✓	9/14/00
53	✓	✓	9/14/00
54	✓	✓	9/14/00
55	✓	✓	9/14/00
56	✓	✓	9/14/00
57	✓	✓	9/14/00
58	✓	✓	9/14/00
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95	✓	✓	9/14/00
96	✓	✓	9/14/00
97	✓	✓	9/14/00
98	✓	✓	9/14/00
99	✓	✓	9/14/00
100	✓	✓	9/14/00

Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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